



## Registration Form

Complete entire form and bring with you to registration. Please include the **registration fee and first payment with this form.**

Set my account up for (circle one): Monthly or Annual

Please email me my monthly statement (circle one): Yes or No

Billing Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent 1: \_\_\_\_\_

Hm. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent 2: \_\_\_\_\_

Hm. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Below please write Student Name(s) and what class(es) they will be enrolling in . . .

1).First \_\_\_\_\_ Last \_\_\_\_\_

Sex: M or F DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Class \_\_\_\_\_ Class \_\_\_\_\_

Class \_\_\_\_\_ Class \_\_\_\_\_

**Brief summary of prior dance instruction:**

\_\_\_\_\_

2).First \_\_\_\_\_ Last \_\_\_\_\_

Sex: M or F DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Class \_\_\_\_\_ Class \_\_\_\_\_

Class \_\_\_\_\_ Class \_\_\_\_\_

**Brief summary of prior dance instruction:**

\_\_\_\_\_

\*Use the back of this paper to add more children or classes.